

**REQUEST FOR EXEMPTION
FROM THE PRIVATE WELL TESTING FEE
& AFFIDAVIT OF FAMILY INCOME**

NAME _____

ADDRESS _____

I hereby request an exemption from the Suffolk County Department of Health Services private well testing fee.

FAMILY INCOME AFFIDAVIT

STATE OF NEW YORK]
COUNTY OF SUFFOLK] **SS:**

_____, being duly sworn, deposes and says:

- 1. I reside at the above described address.**
- 2. I have requested that the well water at these premises be tested by the Suffolk County Department of Health Services.**
- 3. I have further requested that the fee for the well water testing be waived.**
- 4. My cumulative family income, exclusive of any public assistance payments or form of governmental monetary aid, does not exceed \$25,000.**
- 5. I agree to provide satisfactory written documentation or copies of my income tax returns to verify my household income, if requested.**

Signature _____

SWORN TO BEFORE ME

THIS DAY OF

NOTARY PUBLIC